



Application for Naturalization
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form N-400
OMB No. 1615-0052
Expires 09/30/2022

For USCIS Use Only	Date Stamp	Receipt	Action Block
Remarks			

► **START HERE - Type or print in black ink.** Type or print "N/A" if an item is not applicable or the answer is none, unless otherwise indicated. Failure to answer all of the questions may delay U.S. Citizenship and Immigration Services (USCIS) processing your Form N-400. **NOTE: You must complete Parts 1. - 15.**

If your biological or legal adoptive mother or father is a U.S. citizen by birth, or was naturalized before you reached your 18th birthday, you may already be a U.S. citizen. Before you consider filing this application, please visit the USCIS Website at www.uscis.gov for more information on this topic and to review the instructions for Form N-600, Application for Certificate of Citizenship, and Form N-600K, Application for Citizenship and Issuance of Certificate Under Section 322.

NOTE: Are either of your parents a United States citizen? If you answer "Yes," then complete Part 6. Information About Your Parents as part of this application. If you answer "No," then skip Part 6. and go to Part 7. Biographic Information.

Part 1. Information About Your Eligibility (Select only one box or your Form N-400 may be delayed)

Enter Your 9 Digit A-Number:

► A- 2 0 8 0 7 5 4 5 7

1. You are at least 18 years of age and:

- A. Have been a lawful permanent resident of the United States for at least 5 years.
- B. Have been a lawful permanent resident of the United States for at least 3 years. In addition, you have been married to and living with the same U.S. citizen spouse for the last 3 years, and your spouse has been a U.S. citizen for the last 3 years at the time you filed your Form N-400.
- C. Are a lawful permanent resident of the United States and you are the spouse of a U.S. citizen and your U.S. citizen spouse is regularly engaged in specified employment abroad. (See the Immigration and Nationality Act (INA) section 319(b).) If your residential address is outside the United States and you are filing under Section 319(b), select the USCIS Field Office from the list below where you would like to have your naturalization interview:
- D. Are applying on the basis of qualifying military service.
- E. Other (Explain):

Part 2. Information About You (Person applying for naturalization)

1. Your Current Legal Name (do not provide a nickname)

Family Name (Last Name)

PHILOSSAINT

Given Name (First Name)

JOFF STENN

Middle Name (if applicable)

WROY

2. Your Name Exactly As It Appears on Your Permanent Resident Card (if applicable)

Family Name (Last Name)

PHILOSSAINT

Given Name (First Name)

JOFF STENN

Middle Name (if applicable)

WROY



Part 2. Information About You (Person applying for naturalization) (continued) A- 2 0 8 0 7 5 4 5 7

3. Other Names You Have Used Since Birth (include nicknames, aliases, and maiden name, if applicable)

Family Name (Last Name)

NONE

Given Name (First Name)

Middle Name (if applicable)

4. Name Change (Optional)

Read the Form N-400 Instructions before you decide whether or not you would like to legally change your name.

Would you like to legally change your name?

Yes No

If you answered "Yes," type or print the new name you would like to use in the spaces provided below.

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

5. U.S. Social Security Number (if applicable)

► [REDACTED] 7 4 1 6

6. USCIS Online Account Number (if any)

► [REDACTED]

7. Gender

Male Female

8. Date of Birth

(mm/dd/yyyy)

[REDACTED] 1990

9. Date You Became a Lawful

Permanent Resident (mm/dd/yyyy)

11/28/2016

10. Country of Birth

HAITI

11. Country of Citizenship or Nationality

HAITI

12. Do you have a physical or developmental disability or mental impairment that prevents you from demonstrating your knowledge and understanding of the English language and/or civics requirements for naturalization?

Yes No

If you answered "Yes," submit a completed Form N-648, Medical Certification for Disability Exceptions, when you file your Form N-400.

13. Exemptions from the English Language Test

A. Are you 50 years of age or older and have you lived in the United States as a lawful permanent resident for periods totaling at least 20 years at the time you file your Form N-400?

Yes No

B. Are you 55 years of age or older and have you lived in the United States as a lawful permanent resident for periods totaling at least 15 years at the time you file your Form N-400?

Yes No

C. Are you 65 years of age or older and have you lived in the United States as a lawful permanent resident for periods totaling at least 20 years at the time you file your Form N-400? (If you meet this requirement, you will also be given a simplified version of the civics test.)

Yes No

Part 3. Accommodations for Individuals With Disabilities and/or Impairments

NOTE: Read the information in the Form N-400 Instructions before completing this part.

1. Are you requesting an accommodation because of your disabilities and/or impairments?

Yes No

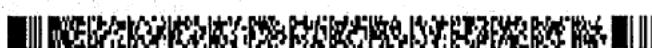
If you answered "Yes," select any applicable box.

A. I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).)

[REDACTED]

B. I am blind or have low vision and request the following accommodation:

[REDACTED]



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Part 3. Accommodations for Individuals With Disabilities and/or Impairments (continued)

A- 2 0 8 0 7 5 4 5 7

- C. I have another type of disability and/or impairment (for example, use a wheelchair). (Describe the nature of your disability and/or impairment and the accommodation you are requesting.)

Part 4. Information to Contact You

1. Daytime Telephone Number

3056806786

2. Work Telephone Number (if any)

3056806786

3. Evening Telephone Number

3056806786

4. Mobile Telephone Number (if any)

3056806786

5. Email Address (if any)

jswphilossaint@gmail.com

Part 5. Information About Your Residence

- I. Where have you lived during the last five years? Provide your most recent residence and then list every location where you have lived during the last five years. If you need extra space, use additional sheets of paper.

A. Current Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

MIAMI

County

DADE

State

FL

ZIP Code + 4

 - Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)

Dates of Residence

From (mm/dd/yyyy)

06/01/2017

To (mm/dd/yyyy)

Present

B. Current Mailing Address (if different from the address above)

In Care Of Name (if any)

ALEX TELFORT

Street Number and Name

16463 NE 6TH AVE

Apt. Ste. Flr. Number

City or Town

MIAMI

County

DADE

State

FL

ZIP Code + 4

 - Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)

Part 5. Information About Your Residence (continued)

A- 2 0 8 0 7 5 4 5 7

C. Physical Address 2

Street Number and Name

Apt. Ste. Flr. Number

City or Town

County

State

ZIP Code + 4

Province or Region
(foreign address only)
Postal Code
(foreign address only)
Country
(foreign address only)
Dates of
Residence

From (mm/dd/yyyy)

To (mm/dd/yyyy)

D. Physical Address 3

Street Number and Name

Apt. Ste. Flr. Number

City or Town

County

State

ZIP Code + 4

Province or Region
(foreign address only)
Postal Code
(foreign address only)
Country
(foreign address only)
Dates of
Residence

From (mm/dd/yyyy)

To (mm/dd/yyyy)

E. Physical Address 4

Street Number and Name

Apt. Ste. Flr. Number

City or Town

County

State

ZIP Code + 4

Province or Region
(foreign address only)
Postal Code
(foreign address only)
Country
(foreign address only)
Dates of
Residence

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Part 6. Information About Your Parents

If neither one of your parents is a United States citizen, then skip this part and go to Part 7.

1. Were your parents married before your 18th birthday?

 Yes No
Information About Your Mother

2. Is your mother a U.S. citizen?

 Yes No

If you answered "Yes," complete the following information. If you answered "No," go to Item Number 3.



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Part 6. Information About Your Parents (continued)

A- 2 0 8 0 7 5 4 5 7

A. Current Legal Name of U.S. Citizen Mother

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)

B. Mother's Country of Birth**C. Mother's Date of Birth (mm/dd/yyyy)**

Mother's Country of Birth	Mother's Date of Birth (mm/dd/yyyy)

**D. Date Mother Became a U.S. Citizen
(if known) (mm/dd/yyyy)****E. Mother's A-Number
(if any)**

Date Mother Became a U.S. Citizen (if known) (mm/dd/yyyy)	Mother's A-Number (if any)
	► A-

Information About Your Father**3. Is your father a U.S. citizen?** Yes No

If you answered "Yes," complete the information below. If you answered "No," go to Part 7.

A. Current Legal Name of U.S. Citizen Father

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)

B. Father's Country of Birth**C. Father's Date of Birth (mm/dd/yyyy)**

Father's Country of Birth	Father's Date of Birth (mm/dd/yyyy)

**D. Date Father Became a U.S. Citizen
(if known) (mm/dd/yyyy)****E. Father's A-Number
(if any)**

Date Father Became a U.S. Citizen (if known) (mm/dd/yyyy)	Father's A-Number (if any)
	► A-

Part 7. Biographic Information

NOTE: USCIS requires you to complete the categories below to conduct background checks. (See the Form N-400 Instructions for more information.)

1. Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino**2. Race (Select all applicable boxes)** White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander3. Height Feet Inches 4. Weight Pounds **5. Eye color (Select only one box)** Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other**6. Hair color (Select only one box)** Bald Black Blond Brown Gray Red Sandy White Unknown/Other
(No hair)

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Part 8. Information About Your Employment and Schools You Attended

A- 2 0 8 0 7 5 4 5 7

List where you have worked or attended school full time or part time during the last five years. Provide information for the complete time period. Include all military, police, and/or intelligence service. Begin by providing information about your most recent or current employment, studies, or unemployment (if applicable). Provide the locations and dates where you worked, were self-employed, were unemployed, or have studied for the last five years. If you worked for yourself, type or print "self-employed." If you were unemployed, type or print "unemployed." If you need extra space, use additional sheets of paper.

1. Employer or School Name

ROYAL ELITE TRANS LLC

Street Number and Name

OVER THE ROAD

Apt. Ste. Flr. Number

City or Town

OVER THE ROAD

State

FL

ZIP Code + 4

 -
Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)

USA

Date From (mm/dd/yyyy)

10/2018

Date To (mm/dd/yyyy)

PRESENT

Your Occupation

DRIVER

2. Employer or School Name

DANIA BCH CASINO

Street Number and Name

DANIA BCH

Apt. Ste. Flr. Number

City or Town

DANIA

State

FL

ZIP Code + 4

 -
Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)

USA

Date From (mm/dd/yyyy)

06/02/2016

Date To (mm/dd/yyyy)

10/20/2018

Your Occupation

ENGINEERING

3. Employer or School Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code + 4

 -
Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)

Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

Your Occupation

Part 9. Time Outside the United States

A- 2 0 8 0 7 5 4 5 7

1. How many total days (24 hours or longer) did you spend outside the United States during the last 5 years? 32 days
2. How many trips of 24 hours or longer have you taken outside the United States during the last 5 years? 6 trips
3. List below all the trips of 24 hours or longer that you have taken outside the United States during the last 5 years. Start with your most recent trip and work backwards. If you need extra space, use additional sheets of paper.

Date You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Did Trip Last 6 Months or More?	Countries to Which You Traveled	Total Days Outside the United States
04/05/2019	04/08/2019	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HAITI	3
10/09/2018	10/16/2018	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BRASIL	7
08/06/2018	08/06/2018	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HAITI	1
10/26/2017	10/30/2017	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HAITI	4
07/07/2017	07/10/2017	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BAHAMAS CRUISE	3
06/16/2017	06/20/2017	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DOMINICAN REPUBLIC	

Part 10. Information About Your Marital History

1. What is your current marital status?

Single, Never Married Married Divorced Widowed Separated Marriage Annulled

If you are single and have never married, go to Part 11.

2. If you are married, is your spouse a current member of the U.S. armed forces? Yes No
3. How many times have you been married (including annulled marriages, marriages to other people, and marriages to the same person)? 1
4. If you are married now, provide the following information about your current spouse.

A. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
MERTIL	FERLINDA	

B. Current Spouse's Previous Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
NONE		

C. Other Names Used by Current Spouse (include nicknames, aliases, and maiden name, if applicable)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
NONE		

D. Current Spouse's Date of Birth (mm/dd/yyyy) E. Date You Entered into Marriage with Current Spouse (mm/dd/yyyy)

01/06/1987	02/04/2016
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Part 10. Information About Your Marital History (continued)

A- 2 0 8 0 7 5 4 5 7

F. Current Spouse's Present Home Address

Street Number and Name

SAME AS ABOVE

Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

City or Town

County

State

ZIP Code + 4

		FL		-	
--	--	----	--	---	--

Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)

USA

G. Current Spouse's Current Employer or Company

5. Is your current spouse a U.S. citizen?

 Yes No

If you answered "Yes," answer Item Number 6. If you answered "No," go to Item Number 7.

6. If your current spouse is a U.S. citizen, complete the following information.

- A. When did your current spouse become a U.S. citizen?

 At Birth - Go to Item Number 8. Other - Complete the following information.

- B. Date Your Current Spouse Became
-
- a U.S. Citizen (mm/dd/yyyy)

7. If your current spouse is not a U.S. citizen, complete the following information.

- A. Current Spouse's Country of Citizenship or Nationality B. Current Spouse's A-Number (if any)

► A-

- C. Current Spouse's Immigration Status

 Lawful Permanent Resident Other (Explain):

8. How many times has your current spouse been married (including annulled marriages, marriages to other people, and marriages to the same person)? If your current spouse has been married before, provide the following information about your current spouse's prior spouse.

If your current spouse has had more than one previous marriage, provide that information on additional sheets of paper.

- A. Legal Name of My Current Spouse's Prior Spouse

Family Name (Last Name)

Given Name (First Name)

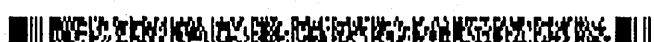
Middle Name (if applicable)

- B. Immigration Status of My Current Spouse's Prior Spouse (if known)

 U.S. Citizen Lawful Permanent Resident Other (Explain):

- C. Date of Birth of My Current Spouse's Prior Spouse (mm/dd/yyyy) D. Country of Birth of My Current Spouse's Prior Spouse

- E. Country of Citizenship or Nationality of My Current Spouse's Prior Spouse



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Part 10. Information About Your Marital History (continued)

A- 2 0 8 0 7 5 4 5 7

- | | |
|---|---|
| <p>F. My Current Spouse's Date of Marriage with Prior Spouse (mm/dd/yyyy)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> | <p>G. Date My Current Spouse's Marriage Ended with Prior Spouse (mm/dd/yyyy)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |
| <p>H. How My Current Spouse's Marriage Ended with Prior Spouse</p> <p><input type="checkbox"/> Annulled <input type="checkbox"/> Divorced <input type="checkbox"/> Spouse Deceased <input type="checkbox"/> Other (Explain): </p> | |
| <p>I. If you were married before, provide the following information about your prior spouse. If you have more than one previous marriage, provide that information on additional sheets of paper.</p> | |

A. My Prior Spouse's Legal Name

Family Name (Last Name) _____ **Given Name (First Name)** _____ **Middle Name (if applicable)** _____

- | | |
|---|--|
| B. My Prior Spouse's Immigration Status When My Marriage Ended (if known) | |
| <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Other (Explain): <input type="text"/> | |
| C. My Prior Spouse's Date of Birth (mm/dd/yyyy) | D. My Prior Spouse's Country of Birth |
| <input type="text"/> | <input type="text"/> |
| E. My Prior Spouse's Country of Citizenship or Nationality | F. Date of Marriage with My Prior Spouse (mm/dd/yyyy) |
| <input type="text"/> | <input type="text"/> |
| G. Date Marriage Ended with My Prior Spouse (mm/dd/yyyy) | |
| <input type="text"/> | |
| H. How Marriage Ended with My Prior Spouse | |
| <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced <input type="checkbox"/> Spouse Deceased <input type="checkbox"/> Other (Explain): <input type="text"/> | |

Part 11. Information About Your Children

1. Indicate your total number of children. (You must indicate ALL children, including: children who are alive, missing, or deceased; children born in the United States or in other countries; children under 18 years of age or older; children who are currently married or unmarried; children living with you or elsewhere; current stepchildren; legally adopted children; and children born when you were not married.)

2. Provide the following information about all your children (sons and daughters) listed in Item Number 1., regardless of age. To list any additional children, use additional sheets of paper.

A. Child 1

Current Legal Name

Family Name (Last Name)

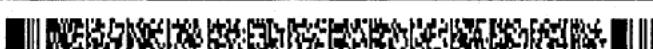
Given Name (First Name)

Middle Name (if applicable)

P

Date of Birth (mm/dd/yyyy) Country of Birth

► A- [REDACTED] [REDACTED] 2016



Part 11 Information About Your Children (continued)		A- 2 0 8 0 7 5 4 5 7
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Current Address

Street Number and Name

PORT AU PTINCE

Apt. Ste. Flr. Number

City or Town

PORT AU PRINCE

County

State

ZIP Code + 4

Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)

HAITI

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

BIOLOGICAL

B. Child 2

Current Legal Name

Family Name (Last Name)

P [REDACTED]

Given Name (First Name)

J [REDACTED]

Middle Name (if applicable)

D [REDACTED]

A-Number (if any)

► A- [REDACTED]

Date of Birth (mm/dd/yyyy)

2017

Country of Birth

USA

Current Address

Street Number and Name

WITH US

Apt. Ste. Flr. Number

City or Town

MIAMI

County

DADE

State

FL

ZIP Code + 4

Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)

USA

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

BIOLOGICAL

C. Child 3

Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

A-Number (if any)

► A- [REDACTED]

Date of Birth (mm/dd/yyyy)

Country of Birth



Part 11. Information About Your Children (continued)

A- 2 0 8 0 7 5 4 5 7

Current Address

Street Number and Name

Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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City or Town

County

State

ZIP Code + 4

<input type="text"/>				
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Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

<input type="text"/>

D. Child 4

Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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A-Number (if any)

Date of Birth (mm/dd/yyyy)

Country of Birth

► A- <input type="text"/>	<input type="text"/>	<input type="text"/>
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Current Address

Street Number and Name

Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

City or Town

County

State

ZIP Code + 4

<input type="text"/>				
----------------------	----------------------	----------------------	----------------------	----------------------

Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

<input type="text"/>

Part 12. Additional Information About You (Person Applying for Naturalization)

Answer Item Numbers 1. - 21. If you answer "Yes" to any of these questions, include a typed or printed explanation on additional sheets of paper.

1. Have you EVER claimed to be a U.S. citizen (in writing or any other way)? Yes No
2. Have you EVER registered to vote in any Federal, state, or local election in the United States? Yes No
3. Have you EVER voted in any Federal, state, or local election in the United States? Yes No
4. A. Do you now have, or did you EVER have, a hereditary title or an order of nobility in any foreign country? Yes No
- B. If you answered "Yes," are you willing to give up any inherited titles or orders of nobility that you have in a foreign country at your naturalization ceremony? Yes No
5. Have you EVER been declared legally incompetent or been confined to a mental institution? Yes No



Part 12. Additional Information About You (Person Applying for Naturalization) (continued)

A- 2 0 8 0 7 5 4 5 7

6. Do you owe any overdue Federal, state, or local taxes? Yes No
7. A. Have you EVER not filed a Federal, state, or local tax return since you became a lawful permanent resident? Yes No
- B. If you answered "Yes," did you consider yourself to be a "non-U.S. resident"? Yes No
8. Have you called yourself a "non-U.S. resident" on a Federal, state, or local tax return since you became a lawful permanent resident? Yes No
9. A. Have you EVER been a member of, involved in, or in any way associated with, any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? Yes No
- B. If you answered "Yes," provide the information below. If you need extra space, attach the names of the other groups on additional sheets of paper and provide any evidence to support your answers.

Name of the Group	Purpose of the Group	Dates of Membership	
		From (mm/dd/yyyy)	To (mm/dd/yyyy)

10. Have you EVER been a member of, or in any way associated (either directly or indirectly) with:
- A. The Communist Party? Yes No
- B. Any other totalitarian party? Yes No
- C. A terrorist organization? Yes No
11. Have you EVER advocated (either directly or indirectly) the overthrow of any government by force or violence? Yes No
12. Have you EVER persecuted (either directly or indirectly) any person because of race, religion, national origin, membership in a particular social group, or political opinion? Yes No
13. Between March 23, 1933 and May 8, 1945, did you work for or associate in any way (either directly or indirectly) with:
- A. The Nazi government of Germany? Yes No
- B. Any government in any area occupied by, allied with, or established with the help of the Nazi government of Germany? Yes No
- C. Any German, Nazi, or S.S. military unit, paramilitary unit, self-defense unit, vigilante unit, citizen unit, police unit, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, or transit camp? Yes No

Part 12. Additional Information About You (Person Applying for Naturalization) (continued)

A- 2 0 8 0 7 5 4 5 7

14. Were you EVER involved in any way with any of the following:

- A. Genocide? Yes No
- B. Torture? Yes No
- C. Killing, or trying to kill, someone? Yes No
- D. Badly hurting, or trying to hurt, a person on purpose? Yes No
- E. Forcing, or trying to force, someone to have any kind of sexual contact or relations? Yes No
- F. Not letting someone practice his or her religion? Yes No

15. Were you EVER a member of, or did you EVER serve in, help, or otherwise participate in, any of the following groups:

- A. Military unit? Yes No
- B. Paramilitary unit (a group of people who act like a military group but are not part of the official military)? Yes No
- C. Police unit? Yes No
- D. Self-defense unit? Yes No
- E. Vigilante unit (a group of people who act like the police, but are not part of the official police)? Yes No
- F. Rebel group? Yes No
- G. Guerrilla group (a group of people who use weapons against or otherwise physically attack the military, police, government, or other people)? Yes No
- H. Militia (an army of people, not part of the official military)? Yes No
- I. Insurgent organization (a group that uses weapons and fights against a government)? Yes No

16. Were you EVER a worker, volunteer, or soldier, or did you otherwise EVER serve in any of the following:

- A. Prison or jail? Yes No
- B. Prison camp? Yes No
- C. Detention facility (a place where people are forced to stay)? Yes No
- D. Labor camp (a place where people are forced to work)? Yes No
- E. Any other place where people were forced to stay? Yes No

17. Were you EVER a part of any group, or did you EVER help any group, unit, or organization that used a weapon against any person, or threatened to do so?

- A. If you answered "Yes," when you were part of this group, or when you helped this group, did you ever use a weapon against another person? Yes No
- B. If you answered "Yes," when you were part of this group, or when you helped this group, did you ever tell another person that you would use a weapon against that person? Yes No

18. Did you EVER sell, give, or provide weapons to any person, or help another person sell, give, or provide weapons to any person?

- A. If you answered "Yes," did you know that this person was going to use the weapons against another person? Yes No
- B. If you answered "Yes," did you know that this person was going to sell or give the weapons to someone who was going to use them against another person? Yes No



Part 12. Additional Information About You (Person Applying for Naturalization) (continued)

A- 2 0 8 0 7 5 4 5 7

19. Did you **EVER** receive any type of military, paramilitary (a group of people who act like a military group but are not part of the official military), or weapons training? Yes No
20. Did you **EVER** recruit (ask), enlist (sign up), conscript (require), or use any person under 15 years of age to serve in or help an armed force or group? Yes No
21. Did you **EVER** use any person under 15 years of age to do anything that helped or supported people in combat? Yes No

If any of Item Numbers 22. - 28. apply to you, you must answer "Yes" even if your records have been sealed, expunged, or otherwise cleared. You must disclose this information even if someone, including a judge, law enforcement officer, or attorney, told you that it no longer constitutes a record or told you that you do not have to disclose the information.

22. Have you **EVER** committed, assisted in committing, or attempted to commit, a crime or offense for which you were **NOT** arrested? Yes No
23. Have you **EVER** been arrested, cited, or detained by any law enforcement officer (including any immigration official or any official of the U.S. armed forces) for any reason? Yes No
24. Have you **EVER** been charged with committing, attempting to commit, or assisting in committing a crime or offense? Yes No
25. Have you **EVER** been convicted of a crime or offense? Yes No
26. Have you **EVER** been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No
27. A. Have you **EVER** received a suspended sentence, been placed on probation, or been paroled? Yes No
 B. If you answered "Yes," have you completed the probation or parole? Yes No
28. A. Have you **EVER** been in jail or prison? Yes No
 B. If you answered "Yes," how long were you in jail or prison? Years Months Days
29. If you answered "No" to ALL questions in Item Numbers 23. - 28., then skip this item and go to Item Number 30.

If you answered "Yes" to any question in Item Numbers 23. - 28., then complete this table. If you need extra space, use additional sheets of paper and provide any evidence to support your answers.

Why were you arrested, cited, detained, or charged?	Date arrested, cited, detained, or charged. (mm/dd/yyyy)	Where were you arrested, cited, detained, or charged? (City or Town, State, Country)	Outcome or disposition of the arrest, citation, detention, or charge (no charges filed, charges dismissed, jail, probation, etc.)

Part 12. Additional Information About You (Person Applying for Naturalization) (continued)

A- 2 0 8 0 7 5 4 5 7

Answer Item Numbers 30. - 46. If you answer "Yes" to any of these questions, except Item Numbers 37. and 38., include a typed or printed explanation on additional sheets of paper and provide any evidence to support your answers.

30. Have you EVER:

- A. Been a habitual drunkard? Yes No
- B. Been a prostitute, or procured anyone for prostitution? Yes No
- C. Sold or smuggled controlled substances, illegal drugs, or narcotics? Yes No
- D. Been married to more than one person at the same time? Yes No
- E. Married someone in order to obtain an immigration benefit? Yes No
- F. Helped anyone to enter, or try to enter, the United States illegally? Yes No
- G. Gambled illegally or received income from illegal gambling? Yes No
- H. Failed to support your dependents or to pay alimony? Yes No
- I. Made any misrepresentation to obtain any public benefit in the United States? Yes No

31. Have you EVER given any U.S. Government officials any information or documentation that was false, fraudulent, or misleading? Yes No

32. Have you EVER lied to any U.S. Government officials to gain entry or admission into the United States or to gain immigration benefits while in the United States? Yes No

33. Have you EVER been removed, excluded, or deported from the United States? Yes No

34. Have you EVER been ordered removed, excluded, or deported from the United States? Yes No

35. Have you EVER been placed in removal, exclusion, rescission, or deportation proceedings? Yes No

36. Are removal, exclusion, rescission, or deportation proceedings (including administratively closed proceedings) currently pending against you? Yes No

37. Have you EVER served in the U.S. armed forces? Yes No

38. A. Are you currently a member of the U.S. armed forces? Yes No

- B. If you answered "Yes," are you scheduled to deploy overseas, including to a vessel, within the next three months? (Refer to the Address Change section in the Instructions on how to notify USCIS if you learn of your deployment plans after you file your Form N-400.) Yes No

C. If you answered "Yes," are you currently stationed overseas? Yes No

39. Have you EVER been court-martialed, administratively separated, or disciplined, or have you received an other than honorable discharge, while in the U.S. armed forces? Yes No

40. Have you EVER been discharged from training or service in the U.S. armed forces because you were an alien? Yes No

41. Have you EVER left the United States to avoid being drafted in the U.S. armed forces? Yes No

42. Have you EVER applied for any kind of exemption from military service in the U.S. armed forces? Yes No

43. Have you EVER deserted from the U.S. armed forces? Yes No



Part 12. Additional Information About You (Person Applying for Naturalization) (continued)

A- 2 0 8 0 7 5 4 5 7

44. A. Are you a male who lived in the United States at any time between your 18th and 26th birthdays? Yes No
 (This does not include living in the United States as a lawful nonimmigrant.)

- B. If you answered "Yes," when did you register for the Selective Service? Provide the information below.

Date Registered (mm/dd/yyyy)	Selective Service Number
---------------------------------	-----------------------------

12/13/2016	9 0 2 4 5 0 3 1 8 8
------------	---------------------

- C. If you answered "Yes," but you did not register with the Selective Service System and you are:

1. Still under 26 years of age, you must register before you apply for naturalization, and complete the Selective Service information above; OR
2. Now 26 to 31 years of age (29 years of age if you are filing under INA section 319(a)), but you did not register with the Selective Service, you must attach a statement explaining why you did not register, and provide a status information letter from the Selective Service.

Answer Item Numbers 45. - 50. If you answer "No" to any of these questions, include a typed or printed explanation on additional sheets of paper and provide any evidence to support your answers.

45. Do you support the Constitution and form of Government of the United States? Yes No
46. Do you understand the full Oath of Allegiance to the United States? Yes No
47. Are you willing to take the full Oath of Allegiance to the United States? Yes No
48. If the law requires it, are you willing to bear arms on behalf of the United States? Yes No
49. If the law requires it, are you willing to perform noncombatant services in the U.S. armed forces? Yes No
50. If the law requires it, are you willing to perform work of national importance under civilian direction? Yes No

Part 13. Applicant's Statement, Certification, and Signature

NOTE: Read the Penalties section of the Form N-400 Instructions before completing this part.

Applicant's Statement

NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.

1. Applicant's Statement Regarding the Interpreter

- A. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- B. The interpreter named in Part 14, read to me every question and instruction on this application and my answer to every question in

--

, a language in which I am fluent, and I understood everything.

2. Applicant's Statement Regarding the Preparer

- At my request, the preparer named in Part 15.,

ALEX TELFORT

. prepared this application for me based only upon information I provided or authorized.



Part 13. Applicant's Statement, Certification, and Signature (continued)

A- 2 0 8 0 7 5 4 5 7

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I further authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

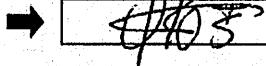
I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

3. Applicant's Signature



Date of Signature (mm/dd/yyyy)

02/24/2020

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 14. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

--	--

2. Interpreter's Business or Organization Name (if any)

--

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--	--------------------------	--------------------------	--------------------------	--

City or Town

State

ZIP Code + 4

		-	
--	--	---	--

Province

Postal Code

Country

--	--	--



**Part 14. Interpreter's Contact Information, Certification, and Signature
(continued)**

A- 2 0 8 0 7 5 4 5 7

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and [REDACTED], which is the same language specified in Part 13., Item B. in Item Number 1., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question and answer on the application, including the Applicant's Certification and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature



Date of Signature (mm/dd/yyyy)

Part 15. Contact Information, Declaration, and Signature of the Person Preparing This Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

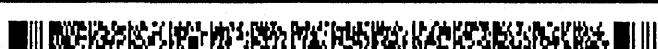
ZIP Code + 4

Province

Postal Code

Country

USA



Part 15. Contact Information, Declaration, and Signature of the Person Preparing This Application, if Other Than the Applicant (continued)

A- 2 0 8 0 7 5 4 5 7

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

3059495421

5. Preparer's Mobile Telephone Number (if any)

7864396447

6. Preparer's Email Address (if any)

NAELLE2006@HOTMAIL.COM

Preparer's Statement

7. A.
-
- I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

- B.
-
- I am an attorney or accredited representative and my representation of the applicant in this case
-
-
- extends
-
- does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature



Date of Signature (mm/dd/yyyy)

02/24/2020

NOTE: Do not complete Parts 16., 17., or 18. until the USCIS Officer instructs you to do so at the interview.

Part 16. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form N-400, Application for Naturalization, subscribed by me, including corrections number 1 through _____, are complete, true, and correct. The evidence submitted by me on numbered pages 1 through _____ are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature

USCIS Officer's Signature

Part 17. Renunciation of Foreign Titles

A- 2 0 8 0 7 5 4 5 7

If you answered "Yes" to Part 12., Items A. and B. in Item Number 4., then you must affirm the following before a USCIS officer:

I further renounce the title of _____ which I have heretofore held; or
(list titles)

I further renounce the order of nobility of _____ to which I have heretofore belonged.
(list order of nobility)

Applicant's Printed Name

Applicant's Signature

USCIS Officer's Printed Name

USCIS Officer's Signature

Date of Signature (mm/dd/yyyy)

Part 18. Oath of Allegiance

If your application is approved, you will be scheduled for a public oath ceremony at which time you will be required to take the following Oath of Allegiance immediately prior to becoming a naturalized citizen. By signing below you acknowledge your willingness and ability to take this oath:

I hereby declare on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which I have heretofore been a subject or citizen;

that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign, and domestic;

that I will bear true faith and allegiance to the same;

that I will bear arms on behalf of the United States when required by the law;

that I will perform noncombatant service in the armed forces of the United States when required by the law;

that I will perform work of national importance under civilian direction when required by the law; and

that I take this obligation freely, without any mental reservation or purpose of evasion: so help me God.

Applicant's Printed Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Applicant's Signature

Date of Signature (mm/dd/yyyy)

